

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED

FILED

06 SEP 11 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000050574

1. Corporation Name
FROGGIFTS.COM, INC.

~~W060000029572~~

2. Principal Office Address

15520 CORTEZ BLVD

Suite, Apt. #, etc.

City & State

BROOKSVILLE, FL

Zip

34613

Country

USA

3. Mailing Office Address

P.O. Box 12244

Suite, Apt. #, etc.

City & State

BROOKSVILLE, FL

Zip

34603

Country

USA

REINSTATEMENT

CR2E081 (12/05)

03-06

4. Date Incorporated or Qualified
To Do Business in Florida

5/17/00

5. FEI Number

59-3652754

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MYRA BEARDSLEY

Street Address (P.O. Box Number is Not Acceptable)

15520 CORTEZ BLVD

Suite, Apt. #, Etc.

City

BROOKSVILLE

State

FL

Zip Code

34613

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

4/27/14

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Kenneth Rudnick	4387 Deltona Blvd	Spring Hill, FL 34664
Reg Agent	Myra Beardsley	4387 Deltona Blvd	Spring Hill, FL 34664

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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature] Kenneth B Rudnick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

27/06

352-754-8008

Daytime Phone #

9/12/06